



All Databases

PubMed

Nucleotide

Protein

Genome

Structure

OMIM

PMC

Journals

Book

Search PubMed



for

Go

Clear

Limits

Preview/Index

History

Clipboard

Details

Display Abstract



Show

20



Sort by



Send to



a132.110

About Entrez

Text Version

All: 1

Review: 0

Examiner copy
reference #4

Entrez PubMed

Overview

Help | FAQ

Tutorial

New/Noteworthy

E-Utilities

PubMed Services

Journals Database

MeSH Database

Single Citation Matcher

Batch Citation Matcher

Clinical Queries

Special Queries

LinkOut

My NCBI (Cubby)

Related Resources

Order Documents

NLM Catalog

NLM Gateway

TOXNET

Consumer Health

Clinical Alerts

ClinicalTrials.gov

PubMed Central

☐ 1: Diabetes. 1997 Jan;46(1):125-32.

Related Articles, Links

Macrovascular disease is associated with increased plasma apolipoprotein A-IV levels in NIDDM.

Verges BL, Lagrost L, Vaillant G, Petit JM, Cohen M, Gambert P, Brun JM.

Department of Endocrinology and Diabetology, University of Dijon, France.

Apolipoprotein A-IV (apoA-IV) might play an important role in lipoprotein metabolism, including modulation of triglyceride-rich lipoprotein catabolism, reverse cholesterol transport and cholesteryl ester transfer protein (CETP) activity. Increased apoA-IV levels have been reported in plasma from NIDDM patients. The aim of the present study was to look for a possible association between plasma apoA-IV level and prevalence of macrovascular disease in NIDDM. One hundred and thirty-six NIDDM patients were studied (71 men, 65 women). Macrovascular disease was assessed in each patient by a standardized questionnaire, physical examination, resting electrocardiogram (ECG), and laboratory evaluation (ankle/arm blood pressure ratio, continuous wave Doppler velocimetry). Moreover, patients without any history of coronary heart disease and showing a normal resting ECG underwent a bicycle exercise test or a dipyridamole thallium scintigraphy to detect possible silent myocardial ischemia. Among the 136 NIDDM patients, 56 had macrovascular disease. ApoA-IV levels were significantly higher in NIDDM patients with macrovascular disease than in NIDDM patients without macrovascular disease (20.9 ± 8.6 vs. 13.3 ± 5.3 mg/dl; $P < 0.001$). The influence of different factors, such as age, BMI, cigarette smoking, hypertension, total cholesterol, triglycerides, HDL cholesterol, apoA-IV level, apoA-IV phenotype, fasting glycemia, fasting C-peptide, and microalbuminuria, on the prevalence of macrovascular disease was analyzed using a logistic regression model. In the univariate analysis, apoA-IV level ($P < 0.00001$), age ($P = 0.0087$), hypertension ($P = 0.012$), microalbuminuria ($P = 0.018$), triglycerides ($P = 0.02$), and fasting C-peptide ($P = 0.03$) were positively associated with macrovascular disease. In the multivariate analysis, macrovascular disease was positively associated only with apoA-IV ($P < 0.0001$) and age ($P = 0.003$) and negatively associated with HDL cholesterol

($P = 0.013$). These results indicate that increased plasma apoA-IV level is associated with an increased prevalence of macrovascular disease in NIDDM. Moreover, apoA-IV, in NIDDM patients, appears to be a better marker for macrovascular disease than triglycerides.

PMID: 8971092 [PubMed - indexed for MEDLINE]

Display Show Sort by Send to

[Write to the Help Desk](#)
[NCBI](#) | [NLM](#) | [NIH](#)
[Department of Health & Human Services](#)
[Privacy Statement](#) | [Freedom of Information Act](#) | [Disclaimer](#)

Apr 18 2005 07:10:12